

**ATTACHMENT 1**  
**STATE RECIPIENT TO ADMINISTER CHDO APPLICANT'S LOCAL PROGRAM**

Name of Applicant: \_\_\_\_\_

Please note that in addition to Attachment 1, Attachment 2, "Information on City, County or CHDO Administrative Capability," must be completed for the city or county which will administer the CHDO applicant's HOME Program. If more than one city or county will be administering a CHDO's activities, a copy of Attachment 1 and 2 must be submitted for each one.

**SECTION I: INFORMATION ON PROPOSED STATE RECIPIENT**

A. Name of City/County: \_\_\_\_\_

B. City/County Address: \_\_\_\_\_

C. Chief Executive Name and Title: \_\_\_\_\_

D. Contact Person Name and Title: \_\_\_\_\_

E. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

F. Is the CHDO's HOME activity located within the jurisdiction of the proposed State Recipient? If no, City/County cannot administer this activity.  
[ ] Yes [ ] No

G. Is the City/County a HOME Participating Jurisdiction (PJ) or in a PJ? If yes, City/County cannot administer this activity.  
[ ] Yes [ ] No

H. Is the City/County's housing element of the General Plan in substantive compliance as of date applications are due to the Department pursuant to the HOME NOFA?  
[ ] Yes [ ] No

I. Does the City/County have any unresolved audit findings for prior Department or federally funded housing or community development projects or programs? If yes, the City/County cannot administer the CHDO's activities.  
[ ] Yes [ ] No

J. List City/County staff (names and titles) available to administer the HOME program or indicate positions the City/County commits to fill in order to operate the local HOME program and/or oversee the work of an administrative subcontractor, if any.

Name

Position


K. Will the City/County use an administrative subcontractor to administer the HOME Program?

[ ] Yes [ ] No

If yes, complete L. below.

L. Administrative Subcontractor Information (Please note that the administrative subcontractor may not be an owner, developer or sponsor or have any other financial interest in any project which it is administering.)

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Chief Executive Name and Title: \_\_\_\_\_

4. Contact Person Name and Title: \_\_\_\_\_

5. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

6. Complete and submit Attachment 3. Information on Administrative Subcontractor Capability.

M. City/County Legislative Representatives

Indicate all Legislators who represent any portion of the proposed service area. If you have vacancies in your legislative seats, please list your district number and district address.

1. Members of the State Assembly

District  
Number: \_\_\_\_\_

District Number: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

District  
Address: \_\_\_\_\_

District Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

2. Members of the State Senate

District  
Number: \_\_\_\_\_

District Number: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

District  
Address: \_\_\_\_\_

District Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

3. Members of the U.S. House of Representatives

District  
Number: \_\_\_\_\_

Name: \_\_\_\_\_

District  
Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

District Number: \_\_\_\_\_

Name: \_\_\_\_\_

District Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**SECTION II. INFORMATION ON CHDO ACTIVITIES TO BE ADMINISTERED BY THE CITY/COUNTY**

Activity	Location	Number of HOME Units	Requested HOME Project Amount	Requested HOME Administration Amount for State Recipient
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**SECTION III. GOVERNING BOARD RESOLUTION**

City/County Governing Board Resolution Agreeing to Administer the HOME Program for the CHDO

Attach a resolution, duly executed by the governing board of the City/County, granting authority to administer the HOME program described in this application. Label as "Attachment 16. City/County Governing Board Resolution." A sample resolution is included in this application package as Exhibit C. Be sure that the resolution authorizes the signatory and the resolution is an action of the governing body of the City/County. If the application is signed by someone other than the person authorized in the resolution to sign, such as an assistant city manager, rather than the city manager who is designated in the resolution, submit evidence which shows that the person signing has the authorization to sign. Such evidence could be in the form of an ordinance or code, or an opinion from the jurisdiction's legal counsel of such authorization. Include such authorization as part of this Attachment 16.

**SECTION IV. CITY/COUNTY CERTIFICATION AND COMMITMENT OF RESPONSIBILITY**

As the official designated by the governing body, I hereby certify that if approved by the Department for a HOME funding allocation, the \_\_\_\_\_ (city/county name) assumes the responsibilities specified in the HOME regulations and certifies that:

1. It possesses the legal authority to administer the allocation and to execute the proposed program;

2. It has resolved any audit findings for the prior Department or federally funded housing or community development projects or programs to the satisfaction of the Department or federal agency by which the finding was made;
3. Before committing funds to a project, it will evaluate the project in accordance with the guidelines it adopts for this purpose and will not invest any more HOME funds in combination with other governmental assistance than is necessary to provide affordable housing;
4. It will comply with all statutes and regulations governing the HOME program;
5. The information, statements, and attachments contained in this application are, to the best of my knowledge and belief, true and correct.

I authorize the Department of Housing and Community Development to contact any agency, whether or not named in this application, which may assist in determining the capability of the City/County to administer the HOME Program. All information contained in this application is acknowledged to be public information.

Signature:\_\_\_\_\_

Title:\_\_\_\_\_

Type Name:\_\_\_\_\_

Date:\_\_\_\_\_

Please note: If the City/County Certification and Commitment of Responsibility is signed by someone other than the person authorized in the City/County Governing Board resolution, submit evidence with Attachment 16 which shows that the person signing has the authorization to sign.